



Community Development Block Grant (CDBG) & Home Investment Partnership (HOME) Grant Application for Program Year 2021-2022

For questions contact the Economic & Community Development Department at:

Phone: 910-433-1590

Email: CommEconDev@ci.fay.nc.us

Section One: Applicant Information

You are required to fully answer all questions, incomplete submissions may not be considered competitively.

Name of Applicant:	
Street Address:	
City, State Zip:	
Phone:	
Email:	
Website:	
Authorized Representative	
Name:	
Title:	
Application Contact	
Name:	
Title:	

Section Two: Basic Project Information

Please refer to RFP Guidelines for more information on answering these questions.

Project Name:			
Under which Consolidated Plan Priority are you applying?	<input type="checkbox"/> Economic Development Strategy <input type="checkbox"/> Community Development Strategy <input type="checkbox"/> Special Needs Strategy	<input type="checkbox"/> Housing Strategy <input type="checkbox"/> Homeless Strategy	
Are you providing services <i>exclusively</i> in the Neighborhood Revitalization Strategy Area (NRSA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this effort new, continuing, or expanding?	<input type="checkbox"/> New Effort <input type="checkbox"/> Continuing Effort <input type="checkbox"/> Expanding Effort		
Amount of Funding Requested?	\$		
Time Period (Length of Project):	<input type="checkbox"/> Annual (Recurring) <input type="checkbox"/> Other (Non-Recurring)	<input type="checkbox"/> One Year (Non-Recurring)	
Signature of Authorized Representative:			Date:



Section Three: Additional Applicant Information

You are required to fully answer all questions, incomplete submissions may not be considered competitively.

Is organization an IRS 501(c)(3) not for profit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no is your organization another type of not for profit? Please specify:		
Is organization a unit of government or other public agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did organization file Form 990 for the most recent tax year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date established on Articles of Incorporation:		
Number of existing staff positions:		Full Time Part Time Volunteers
Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annual Budget:		
Has the applicant or any member of its management team been involved in any litigation concerning civil rights, equal employment opportunities or discrimination? (If yes please attach brief narrative)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the applicant or any of its affiliates received funding from the City in prior years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section Four: Additional CDBG Project Information

For HOME funded projects skip to Section Five: Additional HOME Project Information

Under which CDBG National Objective are you applying 24 CFR 570.208?

<input type="checkbox"/> Low income/moderate income benefit	<input type="checkbox"/> Area Benefit Activities <input type="checkbox"/> Limited Clientele
<input type="checkbox"/> Removal of Slum and Blight	<input type="checkbox"/> Area Basis <input type="checkbox"/> Spot Basis
<input type="checkbox"/> Urgent Need	
Project Location: (within City Limits) Street Address: City, State Zip:	
Description of Project: (attach additional pages if necessary)	



Section Four: Additional CDBG Project Information *(Continued)*

For HOME funded projects skip to Section Five: Additional HOME Project Information

Marketing/Promotional Plan: (attach additional pages if necessary)

Community Need/Impact: (attach additional pages if necessary)

Anticipated Outcomes: (attach additional pages if necessary)

Project Timeline: (attach additional pages if necessary)

Populations and Locations Served (attach additional pages if necessary)

How will the applicant measure success? (attach additional pages if necessary)

How does the project meet CDBG guidelines? (attach additional pages if necessary)

Estimated number of individuals served? (attach additional pages if necessary)

Estimated percentage low or moderate income? (attach additional pages if necessary)

Is this project sustainable after CDBG funds have been exhausted?

☐ Yes

☐ No



Section Five: Additional HOME Project Information

For CDBG funded projects refer to Section Four: Additional CDBG Project Information

Project description/scope: (attach additional pages if necessary)

Proposed project location: (attach additional pages if necessary)

Planned period of affordability: (attach additional pages if necessary)

Estimated total number of units: (attach additional pages if necessary)

Estimated city sponsored number of units: (attach additional pages if necessary)

Type of financing requested: (attach additional pages if necessary)

Developer History/Experience: (attach additional pages if necessary)

Financing partners/leverage: (attach additional pages if necessary)

Site control status: (attach additional pages if necessary)

Is the applicant a Community Housing Development Organization?

☐ Yes

☐ No



Section Six: Additional Attachment Checklist

All items are required to be considered for competitive consideration.

Finances:	<input type="checkbox"/> Most recent financial statement from most recently completed year, audited if available, showing actual expenses. <input type="checkbox"/> Organization budget for current year, including income and expenses. <input type="checkbox"/> Project Budget, including income and expenses. <input type="checkbox"/> Additional funders. List names of corporations and foundations from which you are requesting funds, with dollar amounts, indicating which sources are committed or pending. <input type="checkbox"/> A copy of your current IRS determination letter. <input type="checkbox"/> State and federal tax exemption determination letters <input type="checkbox"/> Certificate of Good Standing with the State <input type="checkbox"/> IRS Form 990 <input type="checkbox"/> Conflict of interest policy <input type="checkbox"/> Proof of liability insurance and worker's compensation insurance
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Organization:	<input type="checkbox"/> List of board members and their affiliations. <input type="checkbox"/> Resumes of key staff involved with proposal. <input type="checkbox"/> Articles of Incorporation and Bylaws. <input type="checkbox"/> Board of Directors' authorization to request funds <input type="checkbox"/> Board of Directors' designation of authorized official <input type="checkbox"/> Organizational Chart
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Acknowledgement:

It is understood by the applicant that this is a formal application for financial assistance. The applicant also understands that the Economic & Community Development Department will not be responsible for any costs incurred by the applicant in developing and submitting this application and that all applications submitted become the property of Economic & Community Development and a matter of public record. The applicant believes the project can be completed within the development plan and budget set forth and certifies that the information in the exhibits and attachments is true, correct and complete to the best of the applicant's knowledge and belief.

By execution of the Application, the applicant understands and agrees that Economic & Community Development will conduct its own independent review and analysis of the information provided in the application, and that such review or analysis will be made for the sole and exclusive benefit and protection of the Economic & Community Development Department. It is understood and agreed by the applicant that, for the purposes of determining the terms under which a Commitment may be made, the City may require changes in the information contained herein (including attachments) or in any documentation or materials now or hereafter submitted in connection with this application. It is further understood by the applicant, that additional information may be requested in order to facilitate the decision making process.